

**Palm Beach County Food Bank  
Workplace Development:  
Culinary Arts Training & Life  
Skills Education Program**



**Application**

**Personal Information**

First Name

---

Last Name

---

Phone Number

---

Email Address

---

Address

Street Address

---

City

---

State/Province

---

Postal/Zip Code

---

Preferred Language

---

**Uniforms**

T-Shirt Size

---

Pants Size

---

Shoe Size

---

**Referral Information**

How Did You Hear About This Program?

---

**Demographics**

Date of Birth (MM-DD-YYYY)

---

Race/Ethnicity

---

Gender

---

Education

---

Housing Status

---

Total Number of Household Members

---

Primary Method of Transportation \_\_\_\_\_  
Veteran Status or Active Military Status Yes / No

**Health Considerations**

Medical Conditions or Physical Limitations Yes / No  
If yes, please explain \_\_\_\_\_  
Food Allergies Yes / No  
If yes, please list \_\_\_\_\_  
Medication Allergies Yes / No  
If yes, please list \_\_\_\_\_  
Existing Health or Mental Health Diagnosis that may affect employment Yes / No

**Social Services**

Do you have a Case Manager/Social Worker? Yes / No  
Case Manager's Information  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Do you receive government benefits? Yes / No  
If yes, please list benefits \_\_\_\_\_

**Employment Information**

Are you currently employed? Yes / No  
Employment Details (If applicable)  
Company Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor's First Name \_\_\_\_\_  
Supervisor's Last Name \_\_\_\_\_  
Supervisor's Phone Number \_\_\_\_\_  
Annual Salary \$ \_\_\_\_\_  
Household Income (if different from above) \$ \_\_\_\_\_

**Criminal History (Please circle Yes or No)**

Have you ever been convicted of a criminal offense? Yes / No  
If yes, please provide details \_\_\_\_\_

Date of Conviction (if applicable)

\_\_\_\_\_

Are you currently on probation or parole?

Yes / No

If yes, please provide Parole Officer's Information

Name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

**Program Participation**

Do you have food service or culinary experience?

Yes / No

If yes, please provide details

\_\_\_\_\_

**Goals for Participating in the Program**

Why do you want to participate in the program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your goals after you finish this training program?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program Requirements (Please put an x in the box if you agree)**

Please review and acknowledge the following:

I agree that daily attendance is mandatory from April 22nd, 2025 to June 26th, 2025, Tuesdays to Thursdays, from 8:30 am - 3:30 pm.  Agree

I agree to arrive on time and be prepared for the entire training hours.  Agree

I am willing to accept instructions and complete tasks with a positive attitude.  Agree

I understand the need to confront obstacles and life challenges to gain employment and self-sufficiency.  Agree

I agree to maintain a substance-free environment during the program.  Agree

I acknowledge that the Palm Beach County Food Bank is not responsible for any damage, loss, or theft of personal property.  Agree

I understand that full participation in all aspects of the program is expected.  Agree

I acknowledge that while the program will assist with job development, completion does not guarantee employment.  Agree

I understand that submitting this application does not guarantee acceptance into the program.  Agree

**Applicant Agreement**

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_